



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

CHARITABLE ORGANIZATIONS / SPONSOR SERVICES
REGISTRATION APPLICATION

NICOLE "NIKKI" FRIED
COMMISSIONER

Solicitation of Contributions
Chapter 498, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800
www.FreshFromFlorida.com • 850-410-3804

MS
Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. All fees are non-refundable.

Business Information

New Application Renewal

CH _____

DTN _____

(as listed on the preprinted renewal application)

1. Legal Name of Organization:

WeBuildTheWall, Inc.

* Fictitious (DBA) Name:

*If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop):
7940 Front Beach Road, #1042

City:
Panama City Beach

State: FL Zip Code: 32407

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____

3. Telephone Number: (850) 320 - 7481 Fax Number: () - _____

Email Address for Organization: info@webuildthewall.com Website: www.webuildthewall.us

4. Registration Application Type: (ss. 496.404(1), 496.404(18), 496.404(25), F.S.)

Charitable Charitable/Parent
 Sponsor Sponsor/Parent

5. Form of organization: (ss. 496.405(2) (f), F.S.)
 Corporation LLC Partnership Sole Proprietorship
 Other (please describe): _____

Date incorporated or legally established: 12 / 28 / 2018 State: Florida
Month Day Year

6. Federal Employer ID Number (s. 119.092, F.S.): 833 - 040627

FDACS-10100 Rev. 01/15
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Org Code: 42 10 06 25 000 EO: A2 Object Code: 001133	\$10.00 - \$400.00
DTN/FAID: 3166645 19-05012845-0001 10.00 02/15/2019 Dap#991267	

7. List all officers, directors, trustees, and principal salaried executive personnel: Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number. [s. 496.405(2)(g)2, F.S., s 496.405(d)(5), (6), F.S.] (attach additional sheets as necessary using the same format)

<p>Name: Brian Kollage</p> <p>Title: President, Director</p> <p>Street Address: 7940 Front Beach Road #1042</p> <p>City: Panama City Beach</p> <p>State: Florida Zip Code: 32407</p> <p>Telephone Number: (850) 320 - 7481 Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: Duston Stockton</p> <p>Title: Director</p> <p>Street Address: 7940 Front Beach Road #1042</p> <p>City: Panama City Beach</p> <p>State: Florida Zip Code: 32407</p> <p>Telephone Number: (850) 320 - 7481 Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name: Kris W. Kobach</p> <p>Title: Director</p> <p>Street Address: 7940 Front Beach #1042</p> <p>City: Panama City Beach</p> <p>State: Florida Zip Code: 32407</p> <p>Telephone Number: (850) 320 - 7481 Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name:</p> <p>Title:</p> <p>Street Address:</p> <p>City:</p> <p>State: Zip Code:</p> <p>Telephone Number: Compensated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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8a. List all branch offices, chapters or affiliates located in the state of Florida. If you are a parent organization that submits a consolidated financial statement, you may skip Question 8a. and list your branches and affiliates on the Supplemental Consolidated Financial Statement on page 11. (attach additional sheets as necessary using the same format) *(s. 496.405(2)(g)1, F.S.)*

Name: Brian Kolfage	Name:
Street Address: 7940 Front Beach #1042	Street Address:
City: Panama City Beach	City:
State: Florida Zip Code: 32407	State: Zip Code:
Telephone Number: (850) 320 - 7481	Telephone Number: (_____) _____ - _____
Email: info@webuildthewall.com	Email:

8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records. *(s. 496.405(2)(g)1, F.S.)*

Name:	Title:	
Address:		
City:	State:	Zip Code:
Telephone Number: (_____) _____ - _____	Email:	

9. List name of the individuals or officers who are in charge of any solicitation activities: *(s. 496.405(2)(c), F.S.)*

Name: Brian Kolfage	Street Address: 7940 Front Beach Road, #1042, Panama City Beach, Florida	Telephone Number: 850-320-7481
Name:	Street Address:	Telephone Number:

Criminal History: Yes No

10. List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: *(s. 496.405(2)(g)5, F.S.)*

Name: Brian Kolfage	Street Address: 7940 Front Beach Road, #1042, Panama City Beach, Florida	Telephone Number: 850-320-7481
Name:	Street Address:	Telephone Number:

Criminal History: Yes No

11. Month/Day fiscal year ends: *(s. 496.405(2)(g)3, F.S.)* 12 / 31
Month Day

12. Has your organization been granted tax exempt status by the Internal Revenue Service? (s. 496.405(2)(f), F.S.)

Yes 501(c) _____ If yes, you must attach a copy of the tax exemption determination letter from the IRS.
 No
 Pending (tax exemption determination letter must be submitted with renewal or 30 days after receipt)
 Revoked

13. What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. It is best to summarize this information in your own words. Use only the space provided.) (s. 496.405(2)(b), F.S.)

The purpose of the Corporation shall be to: promote social welfare within the meaning of Section 501(c)(4) of the Internal Revenue Code, including but not limited to funding, construction, administration, and maintenance of United States Southern Border Wall and the processes associated therewith.

14. What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) (s. 496.405(2)(b), F.S.)

Contributions will be used for funding, construction, administration, and maintenance a United States Southern Border Wall.

15. List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) (s. 496.405(2)(g4), F.S.)

Soliciting funds through GoFundMe and directly hiring an administrative director and staff, traveling to Texas and Arizona or other affected states to meet with landowners, employing professional legal, accounting, and engineering professionals.

16. Does the charitable organization or sponsor employ a professional solicitor? (s. 496.405(2)(e), F.S.)

Yes No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

Address:

City:

State:

Zip Code:

Telephone Number:

() - - -

Florida Registration Number:

SS- - -

Dates of contract:

Beginning Date: / / -
Month Day Year

End Date: / / -
Month Day Year

17. Does the charitable organization or sponsor employ a professional fundraising consultant? (s. 496.405(2)(e), F.S.)

Yes No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

Address:

City:

State:

Zip Code:

Telephone Number: () - -

Florida Registration Number:
FC- _____

Dates of contract:
Beginning Date: / / Year:
Month Day Year

End Date: / / Year
Month Day Year

18. Does the charitable organization or sponsor utilize a commercial co-venturer? (s. 496.405(2)(e), F.S.)

Yes No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: () - -

Dates of contract:
Beginning Date: / / Year
Month Day Year

End Date: / / Year
Month Day Year

NOTE: Any change to the responses provided to Questions 19-24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at www.FreshFromFlorida.com.

19. Is this charitable organization/sponsor authorized by any other state to solicit contributions? (s. 496.405(2)(d)1, F.S.)

Yes No

20. Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, Florida Statutes in any jurisdiction? (This is not common.) (s. 496.405(2)(d)4, F.S.)

Yes No If yes, attach a copy of the agreement.

21. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? (s. 496.405(2)(d)5, F.S.)

Yes No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name: _____

Nature of offense: _____

Date: _____ / _____ / _____
Month Day Year

Court having jurisdiction: _____

Disposition of offense: _____

Date: _____ / _____ / _____
Month Day Year

Does this individual engage in solicitation activities? Yes No

22. Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? (s 496.405(2)(d)6, F.S.)

Yes No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Nature of offense:

Date:

Month / Day / Year

Court having jurisdiction:

Disposition of offense:

Date:

Month / Day / Year

Does this individual engage in solicitation activities? Yes No

23. Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

(s. 496.405(2)(d)2,(2)(d)7, F.S.)

Yes No If yes, please provide the following information for each individual (attach additional sheets as necessary using the same format).

Name:

Court issuing the injunction:

Date of injunction:

Month / Day / Year

24. Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? (s 496.405(2)(d)3, F.S.)

Yes No If yes, please explain the reasons for the denial, suspension or revocation:

25. I have attached the conflict of interest annual certification to this registration application. (s 496.4055, F.S.)

26. Indicate the type of financial statement you are filing for the immediately preceding fiscal year ending _____/_____/_____: (s. 496.405(2)(a), F.S.)

- Budget (newly formed organizations only)
- Department's financial statement form - See pages 8-10
- 990 and all attachments - See item #26 of instructions for completing the Financial Statement
- 990-EZ and Schedule O - See item #26 of instructions for completing the Financial Statement
- 180 Day Extension requested for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.) (s. 496.405(1)(d)2, F.S.)

27. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. (s. 496.407(1)(d), F.S.)

Attached is a copy of signed CPA review or audit Yes No

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

28. Answer the following: (s. 496.426, F.S.)

a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

Yes No

b. Total number of sponsor's members: _____

c. Total number of members actively employed as law enforcement or emergency service employees: _____

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): _____ %

CONTACT PERSON

29. Contact person for the charitable organization or sponsor:

Name:

Brian Kolfage

Title:

President, Director

Telephone Number:

(850) 320 - 7481

Email Address:

info@webuildthewall.com

CERTIFICATION

I, Brian Kolfage, am the President
Name Title
completing the application for WEBUILDTHEWALL,INC. Name of Organization or Company

And further state as follows: *(Please check all that apply)*

I have read the registration application and know the contents thereof; and
 The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

Brian Kolfage
Signature

Brian Kolfage
Printed Name

2/4/2019
Date

(850) 320 - 7481
Telephone Number

info@webuildthewall.com

Email Address

CH _____
DTN _____

DATE _____

ANNUAL CERTIFICATION OF COMPLIANCE WITH
CONFLICT OF INTEREST POLICY (sample)

Pursuant to s. 496.4055(2), Florida Statutes, WEBUILDTHEWALL, INC.
(Name of Organization/Sponsor) has
adopted a policy regarding conflict of interest transactions. All directors, officers, and
trustees of the charitable organization hereby certify compliance with the adopted policy.

	NAME	SIGNATURE	DATE
1.	Brian Kolfage	<i>Brian Kolfage</i>	2/4/2019
2.	Kris Kobach	<i>Kris W. Kobach</i>	2/11/2019
3.	Duston Stockton	<i>Duston Stockton</i>	2/4/2019
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

(continue on additional pages if necessary)

BARNES & THORNBURG LLP

Hope Gant
Legal Administrative Assistant
404-264-4025
hope.gant@btlaw.com

Prominence in Buckhead
3475 Piedmont Road, N.E., Suite 1700
Atlanta, GA 30305-3327 U.S.A.
(404) 846-1693
Fax (404) 264-4033
www.btlaw.com

February 12, 2019

FDACS
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

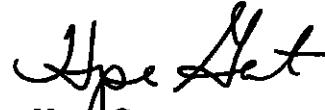
Re: **WeBuildTheWall, Inc.**
Charitable Sponsors / Organizations Registration Application

Dear Sir/Madam:

Enclosed for filing is a Charitable Organizations / Sponsors Registration Application for WeBuildTheWall, Inc., along with a check in the amount of \$10.00 for the registration fee.

Please contact Emily Bowlin (404-264-4011) or cbowlin@btlaw.com should you have any questions. Thank you for your assistance with this matter.

Sincerely,



Hope Gant
Legal Administrative Assistant

Enclosures